

Kryssarvigen 10, Näsby Park, Sweden
22 Jan., 1961.

Dear Karl,

Enjoyed your letter very much. Yours seem to tie up nicely so many loose ends for me. Will get going on the editorial about cancer in CUC shortly. At the moment I am trying to figure out how to get time to write something for Phil Lear for the Alumni Bulletin. If you see him, please assure him of my good intentions, but that I can not see how I can do it right away, as we are putting on steam heavily in the lab right now in an effort to cover as much ground as possible before Åke leaves, now only 9 weeks away.

Our stuff in the lab is interesting. We have developed a cannula which it is easy to slip down the external jugular vein in the dog and which will pass easily through into the left atrium, not damage the mitral valve, which lies very close to the fossa ovalis, and which will remove nearly all the return to the left heart. We have tracings of aortic arch pressures in the closed chest dog which show no single LV pulse effect in over 60 seconds, only the pulsations of the pump returning blood to the femoral. We have tried 24-hour runs twice in this fashion, and both dogs are recovered and look healthy. Will run two or three more and then the folks in Medicine at Sabbatsberg Sjukhuset are very anxious to have us try to salvage some of their bad coronaries for them. Åke is talking about trying to do coronare embolectomies on these people as soon as the bypass has stabilized the blood pressure. Am not so confident on this point, but we shall see. On the other side of things, our studies show that shunting only about 20% of the estimated cardiac output definitely lowers the oxygen utilization as measured by coronary sinus blood flow and oxygen content, and that larger bypass flows cut oxygen use by more than half. There seems to be something loosejointed about the figures of Sarnoff, Salisbury and Cross, but I still do not see what.

Am pleased that things are progressing with Plastic Surgery. Would suggest Bromberg might be very helpful to you in settling relationships with the Oral Surgeons. The Department is in a position to be much appreciated by members of the Plastic Service and the men the Service has trained in the past, who come back for meetings every year. It is possible it might be well to talk this over with Ray Shapiro a little. He was trying to make things go informally, and may have ideas about being made chief, but is too indecisive and indefinite in his approach to things to run a bang-up service.

I enclose a letter in re Wes and Health Research Council investigatorship. This is an excellent suggestion. I suspect Wes and Phil are angry with me over the fiasco about the abstract for the American Surgical Assn. Phil sent me a proposed abstract several months ago and asked me what I thought about it. I made some suggestions for changing the wording and sent same back to him. I had previously said that I would write a covering letter if he wanted me to when he was ready to have me do so. Last week he wrote hurriedly to say he was getting nervous over not having heard about the abstract I sent in! This I have never done, in the supposition that he and Wes were doing so. There will be hurt feelings, besides my own, that we have obviously been on several different wave lengths. I know no other comparable place for presentation of this material in the coming months, and can suggest nothing to do except to send same to one of the good journals or else to wait until next year. Am inclined to send enough of a report for establishment of priority to some quick-publishing journal now, and then to get things organized properly for next year with Univ. Surgeons or Am. Surg. Have you suggestions?

I shall be happy to send a letter to Converse Peirce about Marvin and the ASAIO. He of course should be a member

I still have not written a note to Bob Watman's widow! I know I should, but am at a loss what to say. It is so late that I suspect it may be as well not to do so at all. In picking a man for the Brooklyn Jewish, would suggest someone be picked who is able to do some aspect of operative surgery better than anyone else on the staff there. If Wes were Jewish, for example, he could set that place on fire with his vascular work. I recall that Ravdin was very enthusiastic about Nicholas Gimbel several years ago when we were looking for someone for Maimonides. He looked to inexperienced at that time, but might conceivably be thought about now. He is a Wayne and had a paper in the Forum this past session, I think. He is one of the heirs of the department store empire, and would not be tempted by any of the financial shenanigans which distress us.

Am perplexed that Eichna seems opposed to the bleeding ulcer program we have been running. It seems to me that we are in a better position than anyone else to settle things in this regard. If you think the figures now available are sufficient to do just that, on a statistically solid basis, then I can see no reason to continue the study. Otherwise it would seem to me proper to continue it until either a solid conclusion is reached or until it becomes clear that such a solid conclusion can not be reached. In any case, it would seem to me that this material could again be presented to the American Surgical Association, or perhaps to Univ. Surgeons (who would probably reject it as not being basic enough), or at least wound up in a final report making the most of the lessons we have learned. If there is nothing massive, it could go in the Reappraisal Section in Surgery. It is possible a conference with Fierst and Eichna might develop a different group of methods of therapy for evaluation, perhaps contrasting only two, such as Stewart's and Andresen's or a modification of Andresen's. It would help to make a going unit of the whole place to have some such study involve both Med. and our dept., especially if Eichna himself were to be a participant.

Miss Levine writes that nothing has happened yet about getting Wes's lab space into the E-Bldg area, but that plans are formulating to take over the lounge area on our floor to use for recovery and for lab, and that utilization of the A-11 - A-12 area for better Departmental Offices must await completion of the E-Bldg plans. I would like desperately both to move the Deptl Office into such more adequate quarters and also to provide proper office space to people like Gliedman and Kottmeier, when he comes back a year from now. Had a nice letter from Peter, who seems to be doing well and enjoying it at Columbus.

I believe you and I found on going over our dat on CUC that all of the followed patients suffered relentless advance of their disease over the years if definitive surgical therapy were not employed, with the single exception of Mary Armstrong. I have just had a letter from her stating she has been in U.H. for five weeks with a flareup of her trouble, and that she expected at that time to be there another week, but hoped to get out for at least part of the holidays. Fred Hoffbauer is taking care of her, so there should be no trouble in getting info. I believe this makes Cecil Watson right when he says, "Once colitis, always colitis".

What is the status of the money remaining in the grant from the American Heart Assn? I am spending the special grant from USPHS here at a rate which may exhaust it before the year is out. Will it be possible to use perhaps 2,000 of it here (i.e. Am. Ht. money)? I wrote to Am. Ht about this possibility before I left N.Y., as you may recall.

I see Sawyer and Wes have both enlarged their families. I knew they liked to work together, but had no idea of the completeness of their collaboration! Will communicate with both of them.

Best all around, and why have you gone formal again?

Sinc.,